

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4						
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6						
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27	1					
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30				1		
31					1	
32						1
33	1					
34		1				
35			1			
36				1		
37	1					
38		1				
39	1					
40			1			
41		1				
42			1			
43				1		
44		1				
45			1			
46				1		
47		1				
48			1			
49				1		
50					1	
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	CLAIMS		CLAIMS		CLAIMS	
	IND	DEP	IND	DEP	IND	DEP
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TOTAL DEP.						
TOTAL CLAIMS						